2014 Adult Softball Registration Form Mt. Vernon Parks and Recreation

PO Box 324, 716 Locust Street, Mt. Vernon, IN 47620 Phone: 812.838.3691 Fax: 812.838.8715



Team Name:		Did same team play in last league? yes no If yes, what league? Additional contact:	
City, State Zip		City, State Zip	
Phone: h/c)	_ w)	Phone: h/c)	w)
Spring League Fee: \$350	Paid: \$	Rec. #	Date
*No Refund will be given	n after first game.	for all teams seeking refur	and prior to the start of the season. one from each category):
League	Team Type	League Classification	Level of Play
Spring (8 weeks)	Men's	Open	(B) Competitive
Summer (10 wks.)	Women's	Church	(C) Intermediate
Fall (8 weeks)	Co - Ed		(D) Recreational
*Leagues will be offered	to all team types listed a	above and scheduled base	ed on actual registrations:
Playing Night Preferred: 1st Choice: Mon.	Tues. Wed. Thurs.	Fri.	
2nd Choice: Mon.	Tues. Wed. Thurs.	Fri.	
Night (s) your team CAN	NOT play:		
Can your team play on any	y night listed above? Ye	s No	
*Registration Comments	s:		
team skill, competition lev placement of your team in any team as is deemed nec	vel desired, schedule conf to a league or schedule. No cessary to establish fair ar	licts with other teams, or an NOTE: The Parks Departm	proper league placement of your team including: ny other information you feel is important in the nent reserves the right to place and/or schedule ermore, all managers will be notified if there are or schedule.